

**LICENSE APPLICATION—  
INITIAL IN-STATE  
TEACHING OR PUPIL SERVICES**

PI-1602-IS (Rev. 12-04)  
Page 1

**FOR INFORMATION CONTACT:**

Telephone No. (608) 266-1027  
Voice Mail No. 1-800-266-1027  
Web Site [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)  
Application forms [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)

**We do not accept applications by FAX.**

**WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.**

- ◆ Use this PI-1602-IS form if, based on completing an approved Wisconsin college/university teaching or pupil services preparation program, you: **1)** are applying for your first Wisconsin teaching/pupil license OR **2)** are already licensed for teaching/pupil services in Wisconsin and are applying to add a new teaching/pupil services certification. For Wisconsin reading teacher/specialist or administrator licensure, use the PI-1602-AD form available at: [www.dpi.state.wi.us/tel/applications.html](http://www.dpi.state.wi.us/tel/applications.html).  
For additional information, see FAQ – Licensing at: [www.dpi.state.wi.us/dlsis/tel/faq1.html](http://www.dpi.state.wi.us/dlsis/tel/faq1.html).
- ◆ Type or print legibly in black or blue ink. Do not submit pages photocopied “back-to-back” since the application pages are separated for processing. **Keep a copy of the entire application and documentation. No documents can be returned to you.**
- ◆ Send a **complete** application packet (all required forms, documentation, and payment) to your college certifying officer.
- ◆ Verify that DPI received your application by checking the license database at: [www.dpi.state.wi.us/dlsis/tel/lisearch.html](http://www.dpi.state.wi.us/dlsis/tel/lisearch.html)

## LICENSE APPLICATION INFORMATION

- I. **Applicant Information:** Primary phone is a number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. **License(s) Requested:** List the teaching/pupil services license(s) requested. Provide the requested begin date of the license(s).
- III. **Post-Secondary Education and Institutional Endorsement:** The date you completed your Wisconsin educator preparation program determines the statutes and administrative rules used to evaluate your application for licensure. The certifying officer of the college/university program must provide your completion date and verify your eligibility for the licenses requested in Section II.
- IV. **Experience or Professional Growth Requirement:** *Applies Only to Applicants Who Completed a Wisconsin Educator Preparation Program More than Five Years Ago AND Who Were Never Licensed in Wisconsin.* List a public or private educational agency where, in the previous five years, you were employed in a regular, contractual teaching/pupil services position (part or full-time) for at least one semester. If you do not meet the experience requirement, you must meet Wisconsin's professional growth requirement. Document completion of six credits or the equivalent of coursework by attaching original transcripts or grade reports. If you do not meet either the experience or professional growth requirement, you may be eligible for a substitute license or, if you are currently employed by a school district, for a 1-year non-renewable license. See FAQ at: [www.dpi.state.wi.us/dlsis/tel/fqlinit.html](http://www.dpi.state.wi.us/dlsis/tel/fqlinit.html).

## PAYMENT INSTRUCTIONS

Fee payment of \$100 must be included with your application. Since the fee covers the cost of application review and processing, **NO REFUNDS WILL BE MADE**, whether or not a license is issued. The application fee is subject to change without notice.

**CHECK OR MONEY ORDER:** Make payable for **\$100** to: **Department of Public Instruction**. *Attach check/money order securely to the front of Page 2 (applicant information page).* **If paying by check/money order, do not mail this page (Page 1).**

**CREDIT CARD:** MasterCard or VISA only. We do not accept debit cards. Fill in account information below. If paying by credit card, **attach this page (with original signature) on top of other application materials.** Since this page is retained by the bank, *be sure the reverse side does not contain any information DPI license consultants will need to process the application.*

| Account Number |  |  |  |   |  |  |  |  |  |   |  |  | <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA |  |  |  |  |
|----------------|--|--|--|---|--|--|--|--|--|---|--|--|-------------------------------------|-------------------------------|--|--|--|--|
|                |  |  |  | — |  |  |  |  |  | — |  |  |                                     | —                             |  |  |  |  |

Expiration Date

|       |  |   |      |  |
|-------|--|---|------|--|
|       |  | — |      |  |
| Month |  |   | Year |  |

|              |
|--------------|
| Amount       |
| <b>\$100</b> |

|                               |
|-------------------------------|
| Print or Type Cardholder Name |
| Signature                     |

**MAILING INSTRUCTIONS**

Mail the entire application packet (application, payment, transcripts, and other required documents) to the certifying officer of your Wisconsin college/university for endorsement. The certifying officer will forward your application materials to DPI's Milwaukee bank address: **DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**

After fee deposit, all materials are couriered to consultants for review.

**Do not send or fax applications to DPI's Madison office.**



Wisconsin Department of Public Instruction

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**DO NOT FAX THE APPLICATION.**

**I. APPLICANT INFORMATION**

|                                       |       |        |  |
|---------------------------------------|-------|--------|--|
| Legal Name                            | First | Middle | Last   |
| Previous Name(s)                      |       |        | Social Security Number*                      |
| Address                               |       |        | P.O. Box                                     |
| City                                  |       | State  | Zip Code Zip Plus 4 digits                   |
| Primary Telephone (include area code) |       | Ext.   | Alternate Telephone (include area code) Ext. |
| Email Address                         |       |        |  |

**II. LICENSE(S) REQUESTED**

*Indicate grade level(s), subject(s), and position(s) for which you are requesting a license.*

|   |   |  |
|---|---|--|
| Grade Level(s) / Developmental Range(s) | Subject(s)/Category(ies) and/or Position(s) | Date License is to Begin:<br>July 1, _____                                   |
|   |   | Driver's License Number and State<br>(Only if requesting Driver Ed. License) |

**III. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT**

*List each institution where you earned a degree or completed a state-approved educator licensing program with the most recent first.*

| (City/State) | Graduation Date Mo./Year | Major(s) | Minor(s) | Concentration(s) |
|--------------|--------------------------|----------|----------|------------------|
|              |                          |          |          |                  |
|              |                          |          |          |                  |
|              |                          |          |          |                  |

**I, THE CERTIFYING OFFICER, CONFIRM** that the education information listed in Section III is accurate. The applicant successfully completed this institution's state-approved program(s) for the license(s) requested in Section II above on the following date:

**Mo./Year.**

|  |                         |                     |
|--|-------------------------|---------------------|
| Signature of Certifying Officer                              | Date Signed Mo./Day/Yr. | Name of Institution |
| For DPI Use Only   | Amount of Remittance    | Date Stamp          |
| <input type="checkbox"/> FP <input type="checkbox"/> Conduct | <b>\$100</b>            |                     |

\*Collection of Social Security Number is for processing purposes only.

**Name****Social Security Number****IV. EXPERIENCE OR PROFESSIONAL GROWTH REQUIREMENT**

*Complete this section ONLY if you completed your Wisconsin program over five years ago AND were never licensed in Wisconsin.*

In the previous five years, were you employed by an elementary, secondary, or post-secondary public or private educational agency in a regular part-time or full-time contractual teaching or pupil services position for at least one semester?

☐ **Yes** ►

| School District/Educational Agency | Location City/State | Employment Dates | Position |
|------------------------------------|---------------------|------------------|----------|
|------------------------------------|---------------------|------------------|----------|

☐ **No** ► If No, in the previous five years, did you complete six credits or the equivalent of professional growth coursework?☐ **Yes** You Must Attach Original Transcripts or Grade Reports\*.☐ **No** If No, you may be eligible for one of the license types below. To apply, check the appropriate box(es).☐ **Substitute Teaching License** (Does not require employment or coursework in the previous five years.)☐ **1-Year NonRenewable License** (Attach a district request verifying employment for current school year\*.)

\*If any materials will be mailed separately, Check here: ☐

Include social security number on items mailed separately. Mail to: DPI Teacher Licensing, PO Box 7841, Madison, WI 53707-7841

**CONDUCT AND COMPETENCY REVIEW**

PI-1602-A (Rev. 3-03)

Page 1

Application forms are available at: [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)**ANSWER ALL QUESTIONS**

1. This form **must** be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
2. **Your signature on this form must be notarized. Most schools have a notary public on staff.**

For purposes of this application, "teaching" applies to all licensed school personnel which includes, but is not limited to, classroom teachers, counselors, social workers, psychologists, administrators, school library media specialists, substitute teachers, special education aides, etc.

|   |  |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR*<br><small>Previously Reported</small>   | 1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment?                                       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (check any which apply) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence <i>Definitions on next page.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 4. Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 5. Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (check any which apply) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 7. Have you ever participated in a deferred prosecution program resulting from a criminal investigation?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 8. Are you currently on probation in any jurisdiction?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 9. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct or harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis?         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 10. Is any criminal charge or investigation pending against you in any jurisdiction?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR  | 11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning <b>your conduct</b> as an educator or in an educationally related position?                     |
| 12. Carefully read item number 2 of the instructions on the following page to determine whether or not you are required to submit fingerprint cards with your license application. Check the appropriate box(es) below to indicate your response.<br><input type="checkbox"/> I am required to submit fingerprint cards with my application. <b>Indicate status of cards below.</b><br><input type="checkbox"/> Completed cards are enclosed OR <input type="checkbox"/> Cards will be submitted separately.<br><input type="checkbox"/> I am not required to submit fingerprint cards with my application. I understand that I may be required to supply proof that cards are not required at this time. |  |
| <b>For any "Yes" response to questions 1-11, attach a written 8½" x 11" explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised.</b>   |  |

\*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of Yes on this application **if no further conviction(s) has occurred.**

**IMPORTANT: You must respond to ALL questions 1-12.**

|   |   |
|---|---|
| <b>UNDER OATH</b> , I swear that all information on this form and the accompanying license application and documentation are true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license. |   |
| <b>I HEREBY AUTHORIZE</b> any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.           |   |
| Name <i>Print or type</i>   | Sworn and signed before me this ____ day of _____<br>in the year _____. |
| Signature ( <i>Sign in blue or black ink, in presence of a Notary Public</i> )<br>➤   | _____<br>Notary Public, _____   |
| Social Security No.**   | My commission expires on _____  |

\*\*Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.

**INSTRUCTIONS AND DEFINITIONS  
CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)**

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A “yes” answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Respond to all questions.** We cannot issue a license unless all questions are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*
2. **Fingerprint Cards:** *Read **ALL** the criteria below carefully. Determine whether fingerprint cards are required in your situation and indicate your response in item 12 of the Conduct and Competency Review.* (If fingerprinting is required, your prints must be prepared on cards obtained directly from the Department of Public Instruction.)
  - If you have worked, resided, or attended college in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain in the last twenty years after age 17, **you must submit fingerprint cards** with your license application.
  - Even if you previously submitted fingerprint cards to the Department of Public Instruction **you must submit fingerprint cards again if, since the previous submission, you have worked, resided, or attended college in any of the locations listed above.** (If you previously submitted cards that met approved FBI/CIB standards *and* have not worked, resided, or attended college in any of the locations above since submitting your cards to DPI, then new cards are not required.)
  - If your license application contains a non-Wisconsin mailing address, you must submit fingerprint cards unless the following exception applies. If you have never worked, resided, or attended college in a state other than Wisconsin, a U.S. territory listed above, Canada, or Great Britain you are not required to submit fingerprint cards.

**How to Obtain Fingerprint Cards:** To request cards and instructions from DPI, call 1-800-266-1027 or send an e-mail request to [tcert@dpi.state.wi.us](mailto:tcert@dpi.state.wi.us). Be sure to include your complete mailing address in your request. You will be sent a Federal Bureau of Investigation (FBI) card and a Wisconsin Crime Information Bureau (CIB) card which are preprinted with DPI's code. Your prints must be prepared, by a law enforcement official, on the two cards provided by DPI.

**NOTE:** Incomplete, or incorrectly prepared cards, will be returned to you for resubmission until they are prepared as specified in the instructions provided. See [www.dpi.state.wi.us/dlsis/tel/fphelp.html](http://www.dpi.state.wi.us/dlsis/tel/fphelp.html) for instructions on completing the cards correctly, information about fingerprinting services, and an e-mail link for requesting cards from DPI.
3. **Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. Notary Publics are available at schools, banks, and post offices. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: [www.dpi.state.wi.us/dlsis/tel/notary.html](http://www.dpi.state.wi.us/dlsis/tel/notary.html).

## Definitions

*“Immoral Conduct”* means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

*“Incompetence”* means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

## Reminders

Issuance or renewal of any license or permit by DPI is conditional upon the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.